

Submit 3 Copies to Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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|--|--|
| WELL API NO. | 30-015-33409 |
| 5. Indicate Type of Lease | STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name | COATS COM |
| 8. Well Number | 1 |
| 9. OGRID Number | 009338 |
| 10. Pool name or Wildcat | ATOKA; PENN (GAS) |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | |
| 3,445' GR | |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> | |
| Pit type _____ | Depth to Groundwater _____ |
| Distance from nearest fresh water well _____ | Distance from nearest surface water _____ |
| Pit Liner Thickness: _____ mil | Below-Grade Tank: Volume _____ bbls; Construction Material _____ |

RECEIVED

NOV 19 2004

OCD-ARTESIA

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
 GREAT WESTERN DRILLING COMPANY

3. Address of Operator
 P.O. BOX 1659
 MIDLAND, TX 79702

4. Well Location
 Unit Letter A : 990 feet from the NORTH line and 990 feet from the EAST line
 Section 19 Township 18-S Range 26-E NMPM County EDDY

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB

OTHER: OTHER: 8 5/8" CASING

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

08/06/04 Drilling @ 1310'. Run 31 jts. of 8 5/8" 24# J-55 casing to 1310' KBM w/guide shoe & flow collar w/12 centralizer 1-1/2 on shoe jt. on 2nd collar, then every 3rd collar. RU Halliburton & cement with lead/400 sx interfill C with 1/4 pps cello flake. Tail/200 sx class C w/2% CaCl. Had no returns. Plug down 12 noon. Artesia OCD called Sam Roberts in Midland office, said we would have to circ. cement to surface and run temp survey after 7 hr. RU Pro Well Testing, run temp. survey. Found TOC @ 632'. OCD said run 1" & cement. Ran 1" to 564', 39' below surface casing, 68' above TOC. RU Halliburton. Pump 25 sx premium plus w/3% CaCl 2 hrs. WOC. No plug. Pump 25 sx Premium Plus w/3% CaCl 2 hrs. WOC. No plug. Pump 25 sx Premium plus w/3% CaCl 2 hrs. WOC. No plug. Pump 45 sx Premium Plus w/3% CaCl @ 550' 2 hrs. WOC. No plug. Pump 50 sx Premium Plus w/3% CaCl. WOC. The last two plugs looked like had some build up on Halliburton chart.

08/07/04 Tag cement plug @ 457'. TIH w/1" to 439'. Mix & pump 50 sx Premium Plus cement. Circ cement out top of 13 3/8" casing. Pull out hole w/1". ND BOP, set 8 5/8" slips. NU B section, BOP, Hydrill. Test Hydrill to 500 PSI. Test blind & pipe rams to 1000 PSI. Test casing to 1,000#, held OK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Alan Roberts by AHL TITLE PETROLEUM ENGINEER DATE 11/01/2004

Type or print name ALAN ROBERTS E-mail address: _____ Telephone No. (432)682-5241
 For State Use Only

FOR RECORDS ONLY

NOV 22 2004

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____